

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Academy of Dermatology Association Political Action Committee (SkinPAC)

ADDRESS (number and street)

1445 New York Avenue NW

Ste 800

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00359539

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☒

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

09

01

2010

through

09

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Steven Debnar

Signature of Treasurer

Electronically Filed by Steven Debnar

Date

10

14

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period:

From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	273974.15
(b) Cash on Hand at Beginning of Reporting Period .....	412756.07	
(c) Total Receipts (from Line 19) .....	27084.50	276301.75
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	439840.57	550275.90
7. Total Disbursements (from Line 31) .....	137660.61	248095.94
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	302179.96	302179.96
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	9	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	23081.50	234749.50
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	4003.00	41552.25
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	27084.50	276301.75
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	27084.50	276301.75
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	27084.50	276301.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	27084.50	276301.75

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	660.61	5095.94	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	660.61	5095.94	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	137000.00	243000.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	137660.61	248095.94	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	137660.61	248095.94	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	27084.50	276301.75
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	27084.50	276301.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	660.61	5095.94
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	660.61	5095.94

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

**A.**

Full Name (Last, First, Middle Initial)

John R. Adams

Mailing Address 220 Fordham Road

City

Manhattan

State

KS

Zip Code

66503-3034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advanced Dermatology PA

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 8 / 2 0 1 0

Transaction ID: A4A0C58A32714468F9A2

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Gina Charlene Ang

Mailing Address 53 Crosswind Dr

City

Holland

State

MI

Zip Code

49424-7656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 3 / 2 0 1 0

Transaction ID: A37D949454B2A404E898

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Maryam Mandana Asgari

Mailing Address 852 Los Robles Ave

City

Palo Alto

State

CA

Zip Code

94306-3124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kaiser

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 1 0

Transaction ID: A500D4A7A60CF480493A

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

2280.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

**A.**

Full Name (Last, First, Middle Initial)

Barbara Anne Ash

Mailing Address 206 Sykes Point Ln

City

Merritt Island

State

FL

Zip Code

32953-3067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ash Dermatology and Skin  
Cancer Center

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: ABC7B1BE4715341FCB64

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

James Henry Auerbach

Mailing Address 435 Saint Michaels Dr  
Ste A101

City

Santa Fe

State

NM

Zip Code

87505-7668

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Physican

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 8 / 2 0 1 0

Transaction ID: A754636723F5C44FC87E

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Scott Bennion

Mailing Address 2800 Garden Creek Rd

City

Casper

State

WY

Zip Code

82601-6600

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 1 0

Transaction ID: A16B0CEBC208E426C868

Amount of Each Receipt this Period

70.00

**SUBTOTAL** of Receipts This Page (optional) .....

685.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

**A.**

Full Name (Last, First, Middle Initial)

Paul M. Benson

Mailing Address 134 Magnolia Ridge Dr

City

Jonesborough

State

TN

Zip Code

37659-4789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TriCities Skin and Cancer

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 2 / 2 0 1 0

Transaction ID: AEFB826CACE984EBCA0B

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Jane Shiu Bergstrom

Mailing Address 2305 Tradition Way

City

Redding

State

CA

Zip Code

96001-6309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: A0EFF99688C8141B09D9

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

John Q. Binhlam

Mailing Address 5158 Remington Dr

City

Brentwood

State

TN

Zip Code

37027-3001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advanced Skin & Laser Cen-  
ter

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 7 / 2 0 1 0

Transaction ID: A86E91CACDDF64F4BA46

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

**A.**

Full Name (Last, First, Middle Initial)

Kenneth E. Bloom

Mailing Address 2795 Pilot Knob Rd  
Ste 300

City State Zip Code  
Saint Paul MN 55121-1930

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Derm Ctr for Children &  
Young Adults

Occupation  
Provider

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 7 / 2 0 1 0

Transaction ID: A87B4DDBFDBB94204802

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Clay J Cockerell

Mailing Address 4312 Arcady

City State Zip Code  
Dallas TX 75205-3704

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cockerell & Associates

Occupation  
Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 1 0

Transaction ID: A3550B5F5A3324C79B5E

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

David Eric Cohen

Mailing Address 80 Dyer Ct

City State Zip Code  
Norwood NJ 07648-2325

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NYU Medical Center

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 8 / 2 0 1 0

Transaction ID: A48FFA2ACEE624546A7B

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

1115.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

**A.**

Full Name (Last, First, Middle Initial)

Karen Collishaw

Mailing Address 3 Thorburn Road

City

Gaithersburg

State

MD

Zip Code

20878-2627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Academy of Derma-  
tology

Occupation

Association Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 1 0

Transaction ID: A9571842F72394C55B3C

Amount of Each Receipt this Period

84.00

**B.**

Full Name (Last, First, Middle Initial)

Sunil Sharan Dhawan

Mailing Address 119 Martingale Dr

City

Fremont

State

CA

Zip Code

94539-6313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 1 / 2 0 1 0

Transaction ID: A34E2859F82184AB9805

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Marsha L. DuPree

Mailing Address 51 Pojac Point Rd

City

North Kingstown

State

RI

Zip Code

02852-1022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 1 0

Transaction ID: AF6DFBBEC75CF44F1B59

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

534.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

**A.**

Full Name (Last, First, Middle Initial)

Booth H. Durham

Mailing Address 238 W Summit Ave

City

Haddonfield

State

NJ

Zip Code

08033-3703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: AAC74A7BAA59343CDA15

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Susan T. Elliott

Mailing Address 6624 Jill Ct

City

Mc Lean

State

VA

Zip Code

22101-1613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: AA93C6E2F3CB84988B0B

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Anthony F. Fransway

Mailing Address 16 Winewood Ct

City

Fort Myers

State

FL

Zip Code

33919-7543

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 1 / 2 0 1 0

Transaction ID: AC8B4B8803BEC4B0E8E7

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

1365.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

**A.**

Full Name (Last, First, Middle Initial)

Barbara Greenan

Mailing Address 9418 Balfour Drive

City

Bethesda

State

MD

Zip Code

20814-5710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Academy of Derma-  
tology

Occupation

Association Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 1 0

Transaction ID: A87C961D78E7948DFAB8

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Mark J. Holzberg

Mailing Address 981 Oakdale Rd NE

City

Atlanta

State

GA

Zip Code

30307-1271

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Newnan Dermatology

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 3 / 2 0 1 0

Transaction ID: A25AD1E68F5084106B6F

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Martha Housholder

Mailing Address 7705 E Killarney Ct

City

Wichita

State

KS

Zip Code

67206-1654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 1 / 2 0 1 0

Transaction ID: AE4E5362E7D514492878

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

**A.**

Full Name (Last, First, Middle Initial)

Lee Tyrone Jordan

Mailing Address 1709 Barnwell St

City

Columbia

State

SC

Zip Code

29201-2641

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Dermatology Group LLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 1 / 2 0 1 0

Transaction ID: A543B76798DDF46838E6

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Diane L. Kallgren

Mailing Address 2966 Middle Fork Rd

City

Boulder

State

CO

Zip Code

80302-9316

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kallgren Dermatology Clin-  
ic, PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 1 / 2 0 1 0

Transaction ID: A770C5A7B68924EF4AB0

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Albert A. Kattine

Mailing Address 6342 Shadow Ridge Ct

City

Brentwood

State

TN

Zip Code

37027-5657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 1 0

Transaction ID: A778DB912E8AD4EF09E4

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

855.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

**A.**

Full Name (Last, First, Middle Initial)

Jennifer Lucas

Mailing Address Department of Dermatology  
9500 Euclid Avenue, A61

City State Zip Code  
Cleveland OH 44195-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cleveland Clinic Foundati-  
on

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 7 / 2 0 1 0

Transaction ID: AE4643BDF96EC41568E8

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Nancy Marchell

Mailing Address PO Box 15465

City State Zip Code  
West Palm Beach FL 33416-5465

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 1 / 2 0 1 0

Transaction ID: AF5BF2BF6638C472F855

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Louise E. Martin

Mailing Address 5980 Indianwood Trl

City State Zip Code  
Bloomfield Hills MI 48301-1453

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 1 / 2 0 1 0

Transaction ID: AAC210C00080B42B2A4E

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

930.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

**A.**

Full Name (Last, First, Middle Initial)

Elizabeth Shannon Martin

Mailing Address 861 Tulip Poplar Dr

City

Birmingham

State

AL

Zip Code

35244-1639

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Martin Dermatology and Sk-  
in Wellness

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 1 0

Transaction ID: AB23D68047B7443C9A59

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Charity Foster McConnell

Mailing Address 5095 Heathrow Blvd

City

Brentwood

State

TN

Zip Code

37027-6538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Franklin Dermatology Grou-  
p, PLC

Occupation  
Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 1 0

Transaction ID: A0DBB4C715F86430EAAF

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Todd J. Minars

Mailing Address 4801 N 33rd Ct

City

Hollywood

State

FL

Zip Code

33021-2318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minars Dermatology, Skin  
and Laser Cen

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: A0651934F50704339A3D

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

**A.**

Full Name (Last, First, Middle Initial)

Kendall A. Morrison

Mailing Address 660 Holiday Dr

City

Crossville

State

TN

Zip Code

38555-5822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cumberland Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: AE17A6D4758CC4DCDB95

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Joy L. Mosser

Mailing Address 1491 Pheasant Run Dr

City

Canal Winchester

State

OH

Zip Code

43110-9371

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central Ohio Skin and Can-  
cer

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: AA55BE57CE4B04B82B55

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Richard James Murphy

Mailing Address 2115 Royal Dr

City

Winterville

State

NC

Zip Code

28590-9149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Dermatology & Pat-  
hology

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 1 / 2 0 1 0

Transaction ID: AFFCABC7FD6024CBC89A

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

1230.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey Stephen Newman

Mailing Address 3422 97th Ave SE

City

Mercer Island

State

WA

Zip Code

98040-3128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Puyallup Dermatology

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 1 / 2 0 1 0

Transaction ID: A2DCAD2E438984258B0B

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Joseph M. Newmark

Mailing Address 524 Midvale Rd

City

Vestal

State

NY

Zip Code

13850-3818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 8 / 2 0 1 0

Transaction ID: AB9C9639694E7425EACC

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Elise Olsen

Mailing Address PO Box 3294

City

Durham

State

NC

Zip Code

27715-3294

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 0 / 2 0 1 0

Transaction ID: A40542E4DF3384D63A87

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1115.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

**A.**

Full Name (Last, First, Middle Initial)

Laura L. K. Pratt

Mailing Address 12700 Nightingale Dr

City

Chester

State

VA

Zip Code

23836-2650

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dermatology Associates of  
Virginia

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 3 / 2 0 1 0

Transaction ID: AEE594F0CB1584292B59

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Gary Edwin Quinby

Mailing Address 27730 220th Ave

City

Long Grove

State

IA

Zip Code

52756-9758

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Arts Associates  
LTD

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 8 / 2 0 1 0

Transaction ID: A61A655CDEB5A4BCB82B

Amount of Each Receipt this Period

465.00

**C.**

Full Name (Last, First, Middle Initial)

Kelley Pagliai Redbord

Mailing Address 2425 L St NW  
Apt 210

City

Washington

State

DC

Zip Code

20037-2416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dermatology Surgery Group  
of Northern

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: A01647B2178FC44A6ACB

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1230.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

**A.**

Full Name (Last, First, Middle Initial)

Paul D. Reicherter

Mailing Address 3274 Fisher Rd

City

Roseburg

State

OR

Zip Code

97471-9219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advanced Skin CenterOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	0

Transaction ID: A8BE254A4B106487384B

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Jack Selwyn Resneck, Sr.

Mailing Address 7717 Creswell Rd  
Lot 2

City

Shreveport

State

LA

Zip Code

71106-6031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dermatology & Skin SurgeryOccupation  
Physicians

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	1	0

Transaction ID: ABCEBEA4916AF4C33887

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Beth Rigel

Mailing Address 300 E 85th St  
Apt 1604

City

New York

State

NY

Zip Code

10028-4594

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VSIOccupation  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	1	0

Transaction ID: A715FDEC0F81B411D9E4

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional) .....

3300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

**A.**

Full Name (Last, First, Middle Initial)

Elisa M. Roberts

Mailing Address 33 Woodmere Ln

City  
Arden

State  
NC

Zip Code  
28704-3205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Skyland Dermatology

Occupation  
Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 1 / 2 0 1 0

Transaction ID: AC537AE76C47346BB96D

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Anna M. Sarno Ryan

Mailing Address 169 Fleming St

City

Manchester

State

NH

Zip Code

03104-4754

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.50

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 4 / 2 0 1 0

Transaction ID: AE60A794492AF4ACFB21

Amount of Each Receipt this Period

302.50

**C.**

Full Name (Last, First, Middle Initial)

Shannon M. Sheu

Mailing Address 753 18th Ave

City

Honolulu

State

HI

Zip Code

96816-4111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 3 / 2 0 1 0

Transaction ID: A7DF7E9DD8C2A4D2C8D6

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

1017.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

**A.**

Full Name (Last, First, Middle Initial)

George B. Sonnier

Mailing Address 6410 Lime Ridge Pl

City

Louisville

State

KY

Zip Code

40222-6331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 1 / 2 0 1 0

Transaction ID: AB62EEDC005664032824

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Brian R. Sperber

Mailing Address 274 Balmoral Way

City

Colorado Springs

State

CO

Zip Code

80906-7915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Colorado Springs Dermatol-  
ogy

Occupation  
Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 7 / 2 0 1 0

Transaction ID: A01CBC63EDF4A467A810

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Cloyce L. Stetson

Mailing Address 4616 86th St

City

Lubbock

State

TX

Zip Code

79424-4134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Texas Tech Univ - Health  
Sciences

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: A523CB80BB61441A2B62

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

**A.**

Full Name (Last, First, Middle Initial)

Sabra Sullivan

Mailing Address 102 Hidden Hts

City

Ridgeland

State

MS

Zip Code

39157-8626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dermatology Associates,  
LLC

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 0 / 2 0 1 0

Transaction ID: A20BA97ACB12B4B9CAA3

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Bert G. Tavelli

Mailing Address 3940 SW 52nd PI

City

Portland

State

OR

Zip Code

97221-2119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northwest Dermatology and  
Laser Clinic

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 1 / 2 0 1 0

Transaction ID: AADFAD03AA5C8459487E

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Suraj S. Venna

Mailing Address 1301 M St NW

City

Washington

State

DC

Zip Code

20005-4201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Washington Cancer Institu-  
te

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 0 / 2 0 1 0

Transaction ID: AA2792AF9933B40FBA70

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

**A.**

Full Name (Last, First, Middle Initial)

Timothy Gerrard Woodall

Mailing Address 120 Woodall Way

City

Union

State

SC

Zip Code

29379-8679

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Palmetto Skin and Las-  
er Center

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 1 / 2 0 1 0

Transaction ID: A21CA8BE686B7458E8EF

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Melinda J. Woofter

Mailing Address 25 Philipps Gln

City

Granville

State

OH

Zip Code

43023-8700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Dermatology Centr-  
e, LLC

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 3 / 2 0 1 0

Transaction ID: AD51E20915C9F418C8AB

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Sandra Horlick Wortzel

Mailing Address 7 Averstone Dr W

City

Washington Crossin

State

PA

Zip Code

18977-1103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bucks Dermatology Associa-  
tes PC

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 0 / 2 0 1 0

Transaction ID: ACEDDB796DC464B3DB10

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

**A.**

Full Name (Last, First, Middle Initial)

Michael D. Zanolli

Mailing Address 513 Fairfax Ave

City

Nashville

State

TN

Zip Code

37212-4010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Heritage Medical Associat-  
esOccupation  
Physician

Receipt For:

☐ Primary
 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Transaction ID: AFCEFE0C04EBB4D2BA05

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

500.00

TOTAL This Period (last page this line number only) .....

23081.50



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852	<b>Transaction ID:</b> BD3833C445C6E4FE9941 <b>Date of Disbursement</b> <div> <div>09</div> <div>06</div> <div>2010</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Amex Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>160.41</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Merchant Services Mailing Address PO Box 6603 City Hagerstown State MD Zip Code 21741-6603 Purpose of Disbursement VS/MC Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> BFB305246E5EE42999C5 <b>Date of Disbursement</b> <div> <div>09</div> <div>06</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>470.20</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Merchant Services Mailing Address PO Box 6603 City Hagerstown State MD Zip Code 21741-6603 Purpose of Disbursement VS/MC Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B5DEF3D7E25E945F6B53 <b>Date of Disbursement</b> <div> <div>09</div> <div>09</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>30.00</div>
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>660.61</div>
<b>TOTAL</b> This Period (last page this line number only) .....	<div>660.61</div>

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 40

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) A Lot of People Who Support Jeff Bingaman	<b>Transaction ID:</b> B1CBE76C5C6964A4C9D3 <b>Date of Disbursement</b>
Mailing Address PO Box 16210	<div> <div>09</div> <div>28</div> <div>2010</div> </div>
City Albuquerque State NM Zip Code 87191	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 2012 Primary	<div>2500.00</div>
Candidate Name Sen. Jeff Bingaman	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Andy Harris for Congress	<b>Transaction ID:</b> BAC7F426EA0AC4675AD5 <b>Date of Disbursement</b>
Mailing Address PO Box 1527	<div> <div>09</div> <div>23</div> <div>2010</div> </div>
City Annapolis State MD Zip Code 21404	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 2010 General	<div>2500.00</div>
Candidate Name Andy Harris, MD	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Becerra for Congress	<b>Transaction ID:</b> BA789F002AE394CC9B15 <b>Date of Disbursement</b>
Mailing Address PO Box 261060	<div> <div>09</div> <div>23</div> <div>2010</div> </div>
City Los Angeles State CA Zip Code 90026	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 2010 General	<div>1000.00</div>
Candidate Name Rep. Xavier Becerra	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>6000.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	<div></div>

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 40

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Becerra for Congress Mailing Address PO Box 261060	<b>Transaction ID:</b> B8AC62797858B429CB36 <b>Date of Disbursement</b> <div> <div>09</div> <div>28</div> <div>2010</div> </div>
City Los Angeles State CA Zip Code 90026 Purpose of Disbursement 2010 General Candidate Name Rep. Xavier Becerra Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 31	<b>Amount of Each Disbursement this Period</b> <div>2000.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Bera for Congress Mailing Address PO Box 582496 City Elk Grove State CA Zip Code 95758 Purpose of Disbursement 2010 General Candidate Name Ami Bera Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 03	<b>Transaction ID:</b> B45993EF5CC8C49F8B3B <b>Date of Disbursement</b> <div> <div>09</div> <div>28</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2500.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Blumenthal for Senate Mailing Address 777 Summer Street City Stamford State CT Zip Code 6901 Purpose of Disbursement 2010 General Candidate Name Richard Blumenthal Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District:	<b>Transaction ID:</b> B721FA12A64044EF7B57 <b>Date of Disbursement</b> <div> <div>09</div> <div>23</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2500.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 40

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Boyd for Congress	<b>Transaction ID:</b> BB5C821F50A354FAE9EF <b>Date of Disbursement</b>
Mailing Address PO Box 15703	<div> <div>09</div> <div>28</div> <div>2010</div> </div>
City Tallahassee State FL Zip Code 32317	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 2010 General	<div>2500.00</div>
Candidate Name Rep. Allen Boyd	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Bucshon for Congress	<b>Transaction ID:</b> B84AFFB943CBC458389C <b>Date of Disbursement</b>
Mailing Address PO Box 250	<div> <div>09</div> <div>17</div> <div>2010</div> </div>
City Newburgh State IN Zip Code 47629	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 2010 General	<div>2500.00</div>
Candidate Name Larry Bucshon, MD	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Charlie Dent for Congress	<b>Transaction ID:</b> BE33056BE0C894A98AE3 <b>Date of Disbursement</b>
Mailing Address PO Box 442	<div> <div>09</div> <div>23</div> <div>2010</div> </div>
City Allentown State PA Zip Code 18105	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 2010 General	<div>2500.00</div>
Candidate Name Rep. Charles W. Dent	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

7500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 / 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Citizens for Altmire Mailing Address PO Box 1776	<b>Transaction ID:</b> B172AA284122448BB89D <b>Date of Disbursement</b> <div> <div>09</div> <div>28</div> <div>2010</div> </div>
City Freedom State PA Zip Code 15042 Purpose of Disbursement 2010 General Candidate Name Rep. Jason Altmire Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 04	<b>Amount of Each Disbursement this Period</b> <div>2000.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Coburn for Senate Committee Mailing Address PO Box 977	<b>Transaction ID:</b> B16E92EE1F4564FC8AD9 <b>Date of Disbursement</b> <div> <div>09</div> <div>23</div> <div>2010</div> </div>
City Muskogee State OK Zip Code 74402 Purpose of Disbursement 2010 General Candidate Name Sen. Tom Coburn, MD Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OK District:	<b>Amount of Each Disbursement this Period</b> <div>1000.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Committee for the Preservation of Capitalism (CPC), the Mailing Address PO Box 65314	<b>Transaction ID:</b> BB48CDC05193B4C1F83C <b>Date of Disbursement</b> <div> <div>09</div> <div>28</div> <div>2010</div> </div>
City Washington State DC Zip Code 20036 Purpose of Disbursement Candidate Name Rep. Charles W. Boustany, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: LA District: 07 Other2010	<b>Amount of Each Disbursement this Period</b> <div>2500.00</div>
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>5500.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	<div></div>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 / 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) David Scott for Congress	<b>Transaction ID:</b> BF91D547202A54357BAB <b>Date of Disbursement</b>																				
Mailing Address PO Box 960821	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	7		2	0	1	0												
City Riverdale State GA Zip Code 30296	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 General Candidate Name Rep. David A. Scott Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
<b>B.</b> Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee	<b>Transaction ID:</b> BB7FA27102A9341E2B9F <b>Date of Disbursement</b>																				
Mailing Address 120 Maryland Ave NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	7		2	0	1	0												
City Washington State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2010	<table border="1"> <tr> <td colspan="10">10000.00</td> </tr> </table>	10000.00																			
10000.00																					
<b>C.</b> Full Name (Last, First, Middle Initial) Dold for Congress	<b>Transaction ID:</b> B01C19C0753FD4F4390D <b>Date of Disbursement</b>																				
Mailing Address PO Box 8145	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	8		2	0	1	0
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0	9		2	8		2	0	1	0												
City Northfield State IL Zip Code 60093	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 General Candidate Name Bob Dold Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
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<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td colspan="10">15000.00</td> </tr> </table>	15000.00																			
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# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Friends for Harry Reid Mailing Address PO Box 19163	<b>Transaction ID:</b> BD4339C6B881443BC855 <b>Date of Disbursement</b> <div> <div>09</div> <div>17</div> <div>2010</div> </div>
City Las Vegas State NV Zip Code 89132 Purpose of Disbursement 2010 General Candidate Name Sen. Harry Reid Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District:	<b>Amount of Each Disbursement this Period</b> <div>5000.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Joe Pitts Mailing Address PO Box 775 City Unionville State PA Zip Code 19375 Purpose of Disbursement 2010 General Candidate Name Rep. Joseph R. Pitts Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 16	<b>Transaction ID:</b> B3C3006D55B5B4B8EA72 <b>Date of Disbursement</b> <div> <div>09</div> <div>28</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2000.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of John Boehner Mailing Address 7908 Cincinnati Dayton Road Suite I City West Chester State OH Zip Code 45069 Purpose of Disbursement 2010 General Candidate Name Rep. John Boehner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 08	<b>Transaction ID:</b> B43B2880FA84947AABF9 <b>Date of Disbursement</b> <div> <div>09</div> <div>23</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>5000.00</div>
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>12000.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Lois Capps	<b>Transaction ID:</b> B6CF8FAEF14624089B4E <b>Date of Disbursement</b>																				
Mailing Address PO Box 23940	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	7		2	0	1	0												
City Santa Barbara State CA Zip Code 93121	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 General	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Rep. Lois Capps	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Lois Capps	<b>Transaction ID:</b> BC77BA90AB7C24F1E818 <b>Date of Disbursement</b>																				
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M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	3		2	0	1	0												
City Santa Barbara State CA Zip Code 93121	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 General	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Rep. Lois Capps	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Nan Hayworth	<b>Transaction ID:</b> BAF2581153E304EEAACD <b>Date of Disbursement</b>																				
Mailing Address PO Box 189	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	7		2	0	1	0												
City Mount Kisco State NY Zip Code 10549	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 General	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Nan Hayworth, MD	Category/ Type																				
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**SUBTOTAL** of Disbursements This Page (optional) .....

7500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Rosa DeLauro	<b>Transaction ID:</b> B65FCDF695250450FBC7 <b>Date of Disbursement</b>
Mailing Address 12 Trumbull Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 8 / 2 0 1 0</div> </div>
City State Zip Code New Haven CT 6511	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 2010 General	<div>2500.00</div>
Candidate Name Rep. Rosa L. DeLauro	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Schumer	<b>Transaction ID:</b> BDDDB10EC96E8F42BB82E <b>Date of Disbursement</b>
Mailing Address 509 Madison Ave Suite 1902	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 3 / 2 0 1 0</div> </div>
City State Zip Code New York NY 10022	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 2010 General	<div>1500.00</div>
Candidate Name Sen. Charles E. Schumer	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Glacier Pac	<b>Transaction ID:</b> B0A9A67352DC840FB81A <b>Date of Disbursement</b>
Mailing Address 3242 Cummins Way	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 8 / 2 0 1 0</div> </div>
City State Zip Code Missoula MT 59802	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>2500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2010

**SUBTOTAL** of Disbursements This Page (optional) .....

6500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Heartland Values Pac	<b>Transaction ID:</b> B715B4C9527D641EF981 <b>Date of Disbursement</b>																				
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City Sioux Falls State SD Zip Code 57101	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2010																				
<b>B.</b> Full Name (Last, First, Middle Initial) John S. Fund	<b>Transaction ID:</b> B26817101EFFE4ECEA92 <b>Date of Disbursement</b>																				
Mailing Address PO Box 853	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	3		2	0	1	0
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0	9		2	3		2	0	1	0												
City Edwardsville State IL Zip Code 62025	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 - Other	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name	Category/ Type																				
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<b>C.</b> Full Name (Last, First, Middle Initial) Kirk for Senate	<b>Transaction ID:</b> B2029F7DC87064FBBAFD <b>Date of Disbursement</b>																				
Mailing Address PO Box 8	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	3		2	0	1	0
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0	9		2	3		2	0	1	0												
City Winnetka State IL Zip Code 60093	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 Special	<table border="1"> <tr> <td>4000.00</td> </tr> </table>	4000.00																			
4000.00																					
Candidate Name Rep. Mark Steven Kirk	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special2010																				

**SUBTOTAL** of Disbursements This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Kirk for Senate	<b>Transaction ID:</b> B04EDB354044B4CE98C8 <b>Date of Disbursement</b>																				
Mailing Address PO Box 8	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	3		2	0	1	0
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0	9		2	3		2	0	1	0												
City Winnetka State IL Zip Code 60093	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 General	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Rep. Mark Steven Kirk	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Kurt Schrader for Congress	<b>Transaction ID:</b> B55B1E4A4FDE041F7886 <b>Date of Disbursement</b>																				
Mailing Address PO Box 3314 Suite 240	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	3		2	0	1	0
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0	9		2	3		2	0	1	0												
City Oregon City State OR Zip Code 97045	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 General	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Rep. Kurt Schrader	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Leahy for U.S. Senator Committee	<b>Transaction ID:</b> B81C0894392BA4A9F987 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1042	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	8		2	0	1	0												
City Montpelier State VT Zip Code 05601	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 General	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Sen. Patrick Leahy	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VT District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

9500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

**A.**

Full Name (Last, First, Middle Initial)

Marsha Blackburn for Congress Inc.

Mailing Address PO Box 682185

City  
Franklin

State  
TN

Zip Code  
37068

Purpose of Disbursement  
2010 General

Candidate Name  
Rep. Marsha Blackburn

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TN District: 07

Transaction ID: B4D686F0E11E948D5B1D

Date of Disbursement

09 / 28 / 2010

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mary Bono Mack Committee

Mailing Address PO Box 3370

City  
Palm Springs

State  
CA

Zip Code  
92263

Purpose of Disbursement  
2010 General

Candidate Name  
Rep. Mary Bono-Mack

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 45

Transaction ID: B97B145A8DBE84008944

Date of Disbursement

09 / 17 / 2010

Amount of Each Disbursement this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

National Republican Congressional Committee

Mailing Address 320 First Street SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: Other2010

Transaction ID: BA6E06F007D214B659E0

Date of Disbursement

09 / 17 / 2010

Amount of Each Disbursement this Period

10000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

13000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

**A.** Full Name (Last, First, Middle Initial)  
National Republican Senatorial Committee

Mailing Address 425 Second Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Other2010

Transaction ID: B5F555AA6391F414299C

Date of Disbursement

09 / 17 / 2010

Amount of Each Disbursement this Period

15000.00

**B.** Full Name (Last, First, Middle Initial)  
Pete Stark Re-Election Committee

Mailing Address PO Box 8331

City Fremont State CA Zip Code 94537

Purpose of Disbursement  
2010 General

Candidate Name  
Rep. Pete Stark

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 13

Transaction ID: BAA88F2321AB343C2B3E

Date of Disbursement

09 / 23 / 2010

Amount of Each Disbursement this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
Portman for Senate Committee

Mailing Address 8331 Little Harbor Drive

City Cincinnati State OH Zip Code 45244

Purpose of Disbursement  
2010 General

Candidate Name  
Robert Portman

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: B7D1008CBA8E74751801

Date of Disbursement

09 / 17 / 2010

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

20000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 / 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

**A.**

Full Name (Last, First, Middle Initial)

Raj Goyle for Congress, Inc.

Mailing Address PO Box 780971

City  
WichitaState  
KSZip Code  
67278Purpose of Disbursement  
2010 GeneralCandidate Name  
Raj GoyleCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KS District: 04

Transaction ID: B1CA774BEFF2E4229AFF

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	0

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Re-Elect McGovern Committee

Mailing Address PO Box 60405

City  
WorcesterState  
MAZip Code  
01606Purpose of Disbursement  
2010 GeneralCandidate Name  
Rep. James P. McGovernCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MA District: 03

Transaction ID: B2FF0B2AAF39544198A3

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	0

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Rogers for Congress

Mailing Address PO Box 581  
Post Office Box 581City  
BrightonState  
MIZip Code  
48116Purpose of Disbursement  
2010 GeneralCandidate Name  
Rep. Mike RogersCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 08

Transaction ID: B3F00E704F0364479B32

Date of Disbursement

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Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) .....

7000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

<b>A.</b>	<b>Transaction ID:</b> B3B034CDD89D5468C86A <b>Date of Disbursement</b>																				
Full Name (Last, First, Middle Initial) Tim Murphy for Congress  Mailing Address PO Box 24551	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td> <td>2</td><td>8</td><td></td> <td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	8		2	0	1	0												
<table border="1"> <tr> <td>City Pittsburgh</td> <td>State PA</td> <td>Zip Code 15234</td> </tr> <tr> <td colspan="2">Purpose of Disbursement 2010 General</td> <td rowspan="2"> <input type="checkbox"/> Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name Rep. Tim F. Murphy</td> </tr> <tr> <td>Office Sought:</td> <td colspan="2">Disbursement For:</td> </tr> <tr> <td> <input checked="" type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td colspan="2">           2010  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td colspan="3">State: PA District: 18</td> </tr> </table>	City Pittsburgh	State PA	Zip Code 15234	Purpose of Disbursement 2010 General		<input type="checkbox"/> Category/ Type	Candidate Name Rep. Tim F. Murphy		Office Sought:	Disbursement For:		<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: PA District: 18			<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00		
City Pittsburgh	State PA	Zip Code 15234																			
Purpose of Disbursement 2010 General		<input type="checkbox"/> Category/ Type																			
Candidate Name Rep. Tim F. Murphy																					
Office Sought:	Disbursement For:																				
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: PA District: 18																					
1000.00																					
<b>B.</b>	<b>Transaction ID:</b> BA4F102EB4C954907BE4 <b>Date of Disbursement</b>																				
Full Name (Last, First, Middle Initial) Tim Ryan for Congress  Mailing Address 1600 Roosevelt Avenue Suite 804	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td> <td>2</td><td>3</td><td></td> <td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	3		2	0	1	0												
<table border="1"> <tr> <td>City Niles</td> <td>State OH</td> <td>Zip Code 44446</td> </tr> <tr> <td colspan="2">Purpose of Disbursement 2010 General</td> <td rowspan="2"> <input type="checkbox"/> Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name Rep. Tim Ryan</td> </tr> <tr> <td>Office Sought:</td> <td colspan="2">Disbursement For:</td> </tr> <tr> <td> <input checked="" type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td colspan="2">           2010  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td colspan="3">State: OH District: 17</td> </tr> </table>	City Niles	State OH	Zip Code 44446	Purpose of Disbursement 2010 General		<input type="checkbox"/> Category/ Type	Candidate Name Rep. Tim Ryan		Office Sought:	Disbursement For:		<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: OH District: 17			<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>1500.00</td> </tr> </table>	1500.00		
City Niles	State OH	Zip Code 44446																			
Purpose of Disbursement 2010 General		<input type="checkbox"/> Category/ Type																			
Candidate Name Rep. Tim Ryan																					
Office Sought:	Disbursement For:																				
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: OH District: 17																					
1500.00																					
<b>C.</b>	<b>Transaction ID:</b> B133A685BAF204760B9C <b>Date of Disbursement</b>																				
Full Name (Last, First, Middle Initial) Trivedi for Congress  Mailing Address 83 W. Main Street Suite 2	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td> <td>1</td><td>7</td><td></td> <td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	7		2	0	1	0
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0	9		1	7		2	0	1	0												
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City Elverson	State PA	Zip Code 19520																			
Purpose of Disbursement 2010 General		<input type="checkbox"/> Category/ Type																			
Candidate Name Manen Trivedi, MD																					
Office Sought:	Disbursement For:																				
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: PA District: 06																					
2500.00																					
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<table border="1"> <tr> <td></td> </tr> </table>																				

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 / 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

<b>A.</b>	<b>Transaction ID:</b> B112EC88C737141E6B8E <b>Date of Disbursement</b>																				
Full Name (Last, First, Middle Initial) Van Hollen for Congress	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	8		2	0	1	0												
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2500.00																					
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City Kensington	State MD	Zip Code 20895																			
Purpose of Disbursement 2010 Primary		<input type="checkbox"/> Category/ Type																			
Candidate Name Rep. Chris Van Hollen																					
Office Sought:	Disbursement For:																				
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: MD District: 08																					
<b>B.</b>	<b>Transaction ID:</b> B5DB7AA32D352442481F <b>Date of Disbursement</b>																				
Full Name (Last, First, Middle Initial) Wasserman-Schultz for Congress	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	3		2	0	1	0												
Mailing Address 1071 Twin Branch Ln	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
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City Weston	State FL	Zip Code 33326																			
Purpose of Disbursement 2010 General		<input type="checkbox"/> Category/ Type																			
Candidate Name Rep. Debbie Wasserman Schultz																					
Office Sought:	Disbursement For:																				
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State: FL District: 20																					
<b>C.</b>	<b>Transaction ID:</b> B2EA251D799444C2B8C0 <b>Date of Disbursement</b>																				
Full Name (Last, First, Middle Initial) Wyden for Senate	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	8		2	0	1	0												
Mailing Address 232 NE 9th Avenue	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
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City Portland	State OR	Zip Code 97232																			
Purpose of Disbursement 2010 General		<input type="checkbox"/> Category/ Type																			
Candidate Name Sen. Ron Wyden																					
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: OR District:																					
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td>5500.00</td> </tr> </table>	5500.00																			
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<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td>137000.00</td> </tr> </table>	137000.00																			
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